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SECRETARY OF STATE AND ANALYSIS OF STATE OF STAT

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COVER LETTER

TO:	Registration So Division of Co			
SUBJ	ECT: Old Flores	sta Title & Escrow, LLC		
		(Name of Limite	d Liability Company)	
The e	nclosed Articles	of Organization and fee are su	abmitted for filing.	
Please	return all corresp	ondence concerning this matte	er to the following:	
	Theodore M. Sir	non		
			Name of Person)	
			(Firm/Company)	
		'	<i>(гип/со</i> шрану)	
	733 Aurelia Stre	et .	(Address)	<u>.</u>
	Boca Raton, FL		/State and Zip Code)	
For fu	rther information	concerning this matter, please	call:	
Theod	lore M. Simon (Name	of Person)	at (561) 395-3005 (Area Code & Daytime T	SECKETARY OF SECRETARY OF SECRE
Enclo	sed is a check fo	or the following amount:		1.338 14.05 14.05
₹ 12	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Cocuier Address Registration Section Division of Corporatio Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Comp	any is:
	·
Old Floresta Title & Escrow, LLC	
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
D: 1 1000 A 11	26.00
Principal Office Address:	Mailing Address:
733 Aurelia Street	733 Aurelia Street
Boca Raton, FL 33486	Boca Raton, FL 33486
ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's Signature:
	and our or region of region of organical or
The name and the Florida street address	of the registered agent are:
Theodore M. Simon	
	Name
722 A	
733 Aurelia Street Florida street address	
Boca Raton, FL 33486 City, State, and Zip	
·	, , , , , , , , , , , , , , , , , , ,
	and to accept service of process for the above stated limited
	ated in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all
• •	plete performance of my duties, and I am familiar with and
	as registered agent as provided for in Chapter 608, F.S.
$\cap \cap \cap A$	

(CONTINUED)
Page 1 of 2

Registered Agent's Signature

ARTICLE IV- Managers or Managing Members:

The name and address of each Manager or Managing Member is as follows:

<u>Fitle:</u> 'MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Theodore M. Simon
	733 Aurelia Street
	Boca Raton, FL 33486
MGRM	Renée F. Simon
	733 Aurelia Street
	Boca Raton, FL 33486

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Theodore M. Simon

SECRETARY OF STATE